

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14947

30324
FILED MAY 4 1953

BIRTH NO. REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 4309 Registrar's No. 36

| | | | | | | | |
|--|--|--|--|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>McDonald</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>McDonald</u> b. COUNTY <u>Missouri</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Southwest City</u> | | | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Southwest City</u> | | | |
| c. LENGTH OF STAY (in this place) <u>4 hrs.</u> | | | | d. STREET ADDRESS (If rural, give location) <u>None</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Martin Clinic + Hosp.</u> | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) <u>Nickie</u> | | b. (Middle) <u>Joe</u> | | c. (Last) <u>Box</u> | |
| 4. DATE OF DEATH | | (Month) <u>3</u> | | (Day) <u>13</u> | | (Year) <u>53</u> | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>W</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>N.M.</u> | | 8. DATE OF BIRTH <u>3-13-53</u> | |
| 9. AGE (In years last birthday) | | 10. MONTHS <u>7</u> | | 11. DAYS <u>15</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u> | | 11. BIRTHPLACE (State or foreign country) <u>Southwest City Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.</u> | |
| 13a. FATHER'S NAME <u>Unknown</u> | | 13b. MOTHER'S MAIDEN NAME <u>Doris J. Box</u> | | 14. NAME OF HUSBAND OR WIFE <u>None</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Buss Bob</u> | | ADDRESS <u>Southwest City</u> | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature</u> ANTECEDENT CAUSES A. Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Malnutrition</u> DUE TO (c) <u>No prenatal care</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>Unkn</u> <u>Unkn</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>3/13/1953</u> , to <u>3/14/1953</u> , that I last saw the deceased alive on <u>3/13/1953</u> , and that death occurred at <u>1:12 PM</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Wm. H. Martin D.O.</u> | | (Degree or title) | | 23b. ADDRESS <u>Southwest City, Mo.</u> | | 23c. DATE SIGNED <u>4/12/53</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>3-14-53</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Southwest City</u> | | 24d. LOCATION (City, town, or county) (State) <u>Southwest City Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>4-26-53</u> | | REGISTRAR'S SIGNATURE <u>Wm. H. Martin</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Humphrey</u> | | ADDRESS <u>Quetta</u> | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by NOT _____

_____, Student Embalmer No. _____,
working under my personal supervision.

Student
Student Embalmer

Signed Mayer & Humphrey
Licensed Embalmer No. 4262

P. O. Address Princeton, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.